

# English Conversation Group

## Adult Volunteer Application



Date \_\_\_\_\_

### About You

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_

The best way to contact me is by:      Home phone      Mobile Phone      Work Phone      E-mail

### Where and when can you volunteer? Please mark all that apply.

#### Virtual Zoom Meetings

##### Tuesdays

10:00 - 11:30am

*For all levels*

Send to: [aginfodesk@halifax.ca](mailto:aginfodesk@halifax.ca)

1:00 - 2:30pm

*For intermediate and advanced levels*

Send to: [zoomconversation@halifax.ca](mailto:zoomconversation@halifax.ca)

##### Thursdays

6:00 - 7:30pm

*For intermediate and advanced levels*

Send to: [aginfodesk@halifax.ca](mailto:aginfodesk@halifax.ca)

#### In-Person Sessions

##### Tuesdays

Woodlawn Public Library

10:00 - 11:30am

*For all levels*

##### Where to register:

31 Eisner Boulevard, Dartmouth, NS

(902) 490-2636 | [converse@halifax.ca](mailto:converse@halifax.ca)

##### Thursdays

Halifax Central Library

10:00 - 11:30am

*For all levels*

##### Where to register:

5440 Spring Garden Road, Halifax

(902) 490-5700 | [centerconversation@halifax.ca](mailto:centerconversation@halifax.ca)

##### Fridays

Captain William Spry Public Library

1:00 - 2:30pm

*For all levels*

##### Where to register:

16 Sussex Street, Halifax

(902) 490-5244 | [cwsconversation@halifax.ca](mailto:cwsconversation@halifax.ca)

#### PROGRAM USE ONLY

Location/Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Co-ordinator/ Staff Person: \_\_\_\_\_

NOTES:

## Some things about you

Current Occupation:

Education:

Describe any skills and/or experience you have that will prove useful in tutoring:

What are your goals and expectations for this volunteer experience?

Do you have any concerns about volunteering? If yes, please specify:

## Criminal Record Check

I agree that I will obtain a Police Record Check should I be so requested in furtherance of this application.

- Should I require a criminal records check I will provide the Halifax Regional Police or RCMP with personal information such as current and past addresses, previously used names and date and place of birth.
- I understand that the information the Halifax Public Libraries receives from criminal records checks will be used only for the purpose of screening applications for this position and any Library positions I might apply for in the future.

## References

Please provide 3 references (references may be personal but not of relation)

Name:

Phone:

Email:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries English Conversation Group for Adults program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed \_\_\_\_\_ Date: \_\_\_\_\_